

Welcome To Namaste Flow Yoga Studio!

Today's Date: _____

Full Name: _____

How did you hear about us? _____

Mailing Address:

Email: _____

Would you like to be added to our monthly newsletter?
Y/N

Phone Number: _____

Is this your cell, work or home number? _____

Date of Birth: _____

Gender:

Male

Female

Medical History: (Please list health impairments, injuries, surgeries)

Yoga History: (If new to yoga what are your interests, concerns or questions? If you practice, please share how long & style of yoga).

Emergency Contact: (name, relationship & phone)

We are joyful you are here! Namaste!

Waiver of Liability & Disclosure Form: Please read, initial and sign each section.

1. Participation in yoga classes includes, but is not limited to, participation in meditation techniques, yogic techniques and performing various yoga postures. Yoga postures or asanas are designed to exercise every part of the body – stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. (____)
2. Yoga and physical exercise is an individual experience. I understand that in Yoga or Tai Chi and in any other exercise class I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing yoga or any other exercise. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based or Tai Chi exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga/Tai Chi or activity associated with Namaste Flow Yoga Studio. (____)
3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program. (____)
4. I, my heirs, or legal representatives, do hereby waive and release Namaste Flow Yoga, it's teachers and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any activity or use of equipment. (____)
5. I understand that the Namaste Flow Yoga studio will provide an area for personal belongings to be held during class; however, I agree that Namaste Flow Yoga, is in no way responsible for the loss or damage of my belongings while I attend class. (____)

I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions and understand that I am giving up my right to sue Namaste Flow Yoga, it's teachers and employees. I acknowledge that I am signing this agreement voluntarily and intend by signature to be complete and unconditional release of liability to the greatest extent allowable by law. My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against Namaste Flow Yoga and/or any other persons who may teach at the studio; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. (____)

Print Name _____ Signature _____